

Applicant: Horton
Serial No.: 09/758,832
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number of issues that would be subject to appeal. Accordingly, entry of this amendment on an after final basis is believed to be proper and is hereby respectfully requested.

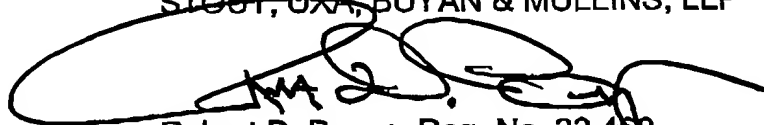
By the forgoing amendment, applicant has modified independent method Claim 110 to specifically recite a three-catheter method for introducing the intravascular member as described in the specification (see, for example, Pages 15-16, 28-31 and Figures 9-15) and to further clarify other aspects of the claimed method. The method recited in amended Independent Claim is believed to be patentably distinguishable over all prior art of record, including the two-catheter methods described by Turjman et al., Szikora, et al.

Applicant respectfully submits that the pending claims are in condition for allowance, and issuance of a Notice of Allowance is earnestly solicited. The Examiner is encouraged to contact the undersigned by telephone if there is believed to be any further impediment to allowance of the present application.

Respectfully submitted,

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Date: November 5, 2002




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I hereby certify that this correspondence is being filed in the United States Patent Office by facsimile [(703) 305-3590 on September 24, 2002.

Dated: November 5, 2002

By: 
Francine Sanders, Assistant

APPENDIX SETTING FORTH AMENDMENTS IN MARKED-UP FORMAT

Claims 110, 112-113, 115-116 and 118 have been amended as follows:

110. (Twice Amended) A method for treating a mammalian patient who has a defect in the wall of a blood vessel that has a lumen and a wall, said method comprising the steps of:

- A. providing a first catheter that has a lumen extending therethrough, a second catheter that has a lumen extending therethrough, a third catheter that has a lumen extending therethrough and an intravascular member that [has a radially] is disposed within the lumen of the third catheter while in a collapsed configuration [wherein it is in the form of a substantially linear member] of a first diameter, said intravascular member being subsequently advanceable out of the lumen of the third catheter whereupon the intravascular member will [and a radially] transition to expanded configuration [wherein it is in the form of a generally tubular member] of a second diameter;
- B. [transluminally advancing] placing the first catheter at a first position within the patient's vasculature;
- C. advancing the second catheter through the lumen of the first catheter and to a second position within the patient's vasculature;
- D. advancing the third catheter through the lumen of the second catheter to a third position within the patient's vasculature adjacent the vessel wall defect;
- E. while the first, second and third catheter are in their respective first, second and third positions, advancing the intravascular member out of the lumen of the third catheter such that the intravascular member [, while in its radially collapsed configuration, into the blood vessel and to a position within the

blood vessel lumen adjacent to the vessel wall defect; C. radially expanding the intravascular member to its] assumes its radially expanded configuration [such that it] and engages the wall of the blood vessel [and is thereby] so as to be held in substantially fixed position within the vessel lumen adjacent to the vessel wall defect and so that it provides a blood flow channel to permit blood to flow past the intravascular member when it is positioned in the blood vessel;

- [D]E. providing an embolus member sized to fit within the vessel wall defect; and,
[E]G. positioning the embolus member within the vessel wall defect such that the intravascular member retains the embolus member within the vessel wall defect.

112. (Twice Amended) A method according to Claim 110 wherein Step [E] G is performed after Step [C] E.

113. (Twice Amended) A method according to Claim 112 wherein Step [E] G comprises:
- i positioning a delivery catheter having a distal end within the intravascular member after it has been radially expanded in Step [C] E;
 - ii causing the distal end of the delivery catheter to advance through a portion of the intravascular member and into the vessel wall defect;
 - iii delivering the embolus member out of the distal end of the delivery catheter and into the vessel wall defect; and,
 - iv removing the delivery catheter, leaving the embolus member within the vessel wall defect with the intravascular member preventing the embolus member from escaping from the vessel wall defect into the lumen of the blood vessel.

115. (Twice Amended) A method according to Claim 110 wherein the vessel wall defect is an aneurysm and wherein Step [E] G comprises positioning the embolus member within the aneurysm.

116. (Twice Amended) A method according to Claim 115 wherein the aneurysm is a wide mouthed aneurysm and wherein Step [E] G comprises delivering the embolus member through the mouth of the aneurysm and into the aneurysm sac.

118. (Twice Amended) A method according to Claim 110 wherein the embolic member delivered in Step [E] G comprises a thrombogenic member.